

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

Filing Date

10585035

Applicant(s) **Lutz MAY**

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		(1)		1		
6		(1)		1		
7		1		1		
8		1		1		
9		1		1		
10		2		1		
11		(1)		1		
12		(1)		1		
13		(1)	---	---		
14		(1)		1		
15		(1)		1		
16		(1)		1		
17		(1)		1		
18		(1)		1		
19		(1)	---	---		
20		(1)		1		
21		(1)		1		
22		(1)	---	---		
23		(1)	---	---		
24		(1)		1		
25		(1)		1		
26		(1)		1		
27		(1)		1		
28		(1)		1		
29		(1)		1		
30		(1)		1		
31		(1)		1		
32		(1)		1		
33		(1)		1		
34		(1)	1			
35		(1)		1		
36		(1)		1		
37		(1)		1		
38		(1)		1		
39		(1)		1		
40		(1)	1			
41		(1)		1		
42		(1)		1		
43		(1)		1		
44	1		1			
45						
46						
47						
48						
49						
50						
Total Indep	2		4		0	
Total Depend	45		36		0	
Total Claims	47		40		0	